

# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3						
4						
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10						
11						
12						
13						
14		2				
15		1				
16		1				
17		1				
18		1				
19		1				
20		2				
21		1				
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23		2				
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50						
TOTAL IND.	2					
TOTAL DEP.	28					
TOTAL CLAIMS	27					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						